☐ FORM TO BE KEPT CONFIDENTIAL (if box checked)

APPLICANT *(name)*: APPLICANT IS: ☐ Witness ☐ Juror ☐ Attorney ☐ Party ☐ Other **Person submitting request** *(name)*: APPLICANT'S ADDRESS:	*FOR COURT USE ONLY*
TELEPHONE NO.: **NAME OF COURT:** STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: **NAME OF JUDGE:** **CASE NAME:**	
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER	CASE NUMBER:

Applicant requests accommodation under California Rules of Court, rule 989.3, as follows:

1. Type of proceeding: ☐ Criminal ☐ Civil

2. Proceedings to be covered *(e.g., bail hearing, preliminary hearing, particular witnesses at trial, sentencing hearing)*:

3. Dates accommodations needed *(specify)*:

4. Impairment necessitating accommodations *(specify)*:

5. Type of accommodations *(be specific)*:

6. Special requests or anticipated problems *(specify)*:

7. I request that my identity ☐ be kept CONFIDENTIAL ☐ NOT be kept CONFIDENTIAL.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

. . . . ▶ _____
(TYPE OR PRINT NAME)   (SIGNATURE OF APPLICANT)

ORDER

☐ The request for accommodations is GRANTED because
  ☐ the applicant satisfies the requirements of the rule.
  ☐ it does not create an undue burden on the court.
  ☐ it does not fundamentally alter the nature of the service, program, or activity.
  ☐ Alternate accommodations granted *(specify)*:

☐ The request for accommodations is DENIED because
  ☐ the applicant does not satisfy the requirements of the rule.
  ☐ it creates an undue burden on the court.
  ☐ it fundamentally alters the nature of the service, program, or activity.
  (Specify):

Date:

_____
JUDGE

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER